

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTRÖL COMPLIANCE AND SYSTEMS MANAGEMENT SECTION 1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276

FOR AGENCY USE ONLY



AIR ENFORCEMENT BRANCH, U.S. EPA, REGION 5

CAAPP ANNUAL COMPLIANCE CERTIFICATION		ID NUMBER: PERMIT #: DATE:		
THE CLEAN AIR ACT PERMIT PROGRAM (CA EMISSION UNITS AT THE SOURCE AS REQU 9.8. THE COMPLIANCE CERTIFICATION REP YEAR. THIS CERTIFICATION FORM CAN SE	IRED BY 40 CFR 70.6 (c) (5), 1 ORTING PERIOD IS JANUARY	39.5 (7) (p) (v) OF THE EN' Y 1 TO DECEMBER 31 ANI	/IRONMENTAL PROTECTION ACT AND (D IS DUE ON OR BEFORE MAY 1 FOR TH	CAAPP PERMIT CONDITI
	SOURC	CE INFORMATION		
1) SOURCE NAME: Good Samaritan Hosp	ital			
2) SOURCE ADDRESS:				
3815 Highland Avenu	e			
3) CITY:		4) COUNTY:		
Downers Grove		DuPage		
5) TOWNSHIP:	6) STATE:		7) ZIP CODE:	-
York		9) SOURCE	60515	
8) DATE FORM PREPARED: 03/29/2004		0430302	a contract of the contract of	
10) CAAPP PERMIT NO.:				
00090015				
January 01, 2003 Th		-		
	SOURCE CON	IPLIANCE INFORM	1ATION	
12) CHECK EITHER (a) OR (b) BELOW				
(a) During the entire rep conditions contained in its CAAP the method specified in the perm	porting period, this sou P permit. The methor	arce was in continu d used to determine	ous compliance with ALL term e compliance for each term and	ns and d condition is
NOTE: If (a) is selected, compl	etion of Table 1 is o	ptional. Table 2 d	oes not need to be complete	d.
(b) X With the exception of compliance with all terms and condition is the method	onditions contained in	the permit. The me		
NOTE: If (b) is selected, comp	lete Tables 1 and 2 f	for those units and	for activities that are in inte	rmittent or

